

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 041/606084 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		ADMITTED AS MOVED		ADMITTED AMENDED	
	IND	DEP	IND	DEP	IND	DEP
2						
3						
4						
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50						
TOTAL IND	3					
TOTAL DEP	29	1	1	1		
TOTAL CLAIMS	32					

51	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND						
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TOTAL CLAIMS						

Best Available Copy